

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09774621

FILING DATE

02-05-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51	1	✓				
2	1						52	1	✓				
3		2		2			53		2	✓			
4		2		2			54		2	✓			
5		2		2			55		2	✓			
6		2		2			56		2	✓			
7		2		2			57		2	✓			
8		2		2			58		2	✓			
9							59		1	✓			
10							60		1	✓			
11							61		2	✓			
12							62		2	✓			
13							63		1	✓			
14							64		1	✓			
15							65		1	✓			
16							66		1	✓			
17							67		2	✓			
18							68		2	✓			
19							69		1	✓			
20							70		2	✓			
21							71		2	✓			
22							72		2	✓			
23							73		2	✓			
24							74		2	✓			
25							75		2	✓			
26							76		2	✓			
27							77		2	✓			
28							78		2	✓			
29							79		2	✓			
30							80		2	✓			
31							81		2	✓			
32							82		2	✓			
33							83		2	✓			
34							84		2	✓			
35							85		2	✓			
36							86		1	✓			
37		2		2			87		2	✓			
38							88		2	✓			
39							89		2	✓			
40							90		2	✓			
41							91		2	✓			
42							92		2	✓			
43							93		2	✓			
44							94		2	✓			
45							95		2	✓			
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4		4		TOTAL IND.	4					
TOTAL DEP.	52		58		41		TOTAL DEP.	76					
TOTAL CLAIMS	56		62		45		TOTAL CLAIMS	80					